

## AUTHORITY TO RELEASE INFORMATION

*Please print or type all information.*

Full Name :						
Alias:						
Residence: _____ Street Address City State Zip Code						
Business: _____ Street Address City State Zip Code						
Telephone Number (Include Area Code)			Fax Number (Including Area Code)			
Social Security Number or Federal Tax ID Number			Drivers License Number/State			
Date of Birth			Citizenship			
* DPS Number			* FBI Number			
* If DPS and/or FBI numbers are not known, please give the following physical description.						
Race	Sex	Age	Height	Weight	Hair Color	Eye Color
<p>This release constitutes my consent and authority for The Texas Department of Banking to examine and obtain copies of records, statements, credit ratings and information regarding my background. I hereby specifically authorize the release of records to The Texas Department of Banking pertaining to the following:</p> <p>Any local, state, federal, or international governmental records Employment Information Past experience with a regulated entity Credit Information Tax Records, Federal or other jurisdictions Police and Criminal Records</p>						

This authorization is given in connection with my application filed with the Texas Department of Banking.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)